



**ESPAÑOLA HOUSING AUTHORITY**  
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**HOUSING ASSISTANCE APPLICATION / PERSONAL DECLARATION**

**PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. Legal Name of Head of Household \_\_\_\_\_
  2. Social Security # \_\_\_\_\_
  3. Alien registration # \_\_\_\_\_
  3. Current Address: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
  5. Mailing address if different from about: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
  6. Most Recent Previous Address: Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
  7. Phone: Home \_\_\_\_\_
  8. Work \_\_\_\_\_
  9. Spouse Work # \_\_\_\_\_
  10. Date of Birth: \_\_\_\_\_
  11. Sex (M/F) \_\_\_\_\_
  12. Citizenship: Are you a citizen of the United States? (Yes/No) \_\_\_\_\_
  13. Race: 1=White  
2=Black/African American  
3=American Indian/Alaska Native  
4=Asian  
5=Native Hawaiian/Other Pacific Islander
- Select as many codes as appropriate to best indicate your race: \_\_\_\_\_
14. Ethnicity (1=Hispanic or Latino 2=Not Hispanic or Latino): \_\_\_\_\_
  15. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_
  16. Marital status of Head of Household: Married \_\_\_\_ Single \_\_\_\_ Widow(er) \_\_\_\_ Divorced \_\_\_\_
  17. Current Spouse Name: \_\_\_\_\_
  18. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name: Address:	2. Contact Name: Address:

Telephone # : \_\_\_\_\_ Telephone # : \_\_\_\_\_

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19. Have you or any household member ever received any type of housing assistance? (Yes/No)  
 If Yes, provide: Household Member Name: \_\_\_\_\_  
 Public/Assisted Housing Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 What year(s)? \_\_\_\_\_ Who was the Head of the Household? \_\_\_\_\_
20. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No)  
 If Yes, amount: \$ \_\_\_\_\_  
 Name of Public/Assisted Housing Agency: \_\_\_\_\_  
 Address of Agency \_\_\_\_\_
21. Have you ever used a name other than the one you are using now? (Yes/No)  
 If yes, please explain: \_\_\_\_\_
22. Have you ever used a social security number other than the one you listed on page 1 of this form?  
 (Yes/No)  
 If yes, what is the other number? \_\_\_\_\_

**23. LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT**

Member Number	Member's Full Legal Name	Relation to Head	Birth Date	Age	Sex M/F	Social Security Number	Occupation or School Name	U.S. Citizen Yes/No
Head (1)								
2								
3								
4								
5								
6								
7								
8								

If there are any additional household members check here \_\_\_\_\_ and attach a separate page with application.

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24. Has anyone who will live in the home previously lived in a state other than this state? (Yes/No)  
If Yes, which family member(s)?

Family member: \_\_\_\_\_ State lived \_\_\_\_\_

Family member: \_\_\_\_\_ State lived \_\_\_\_\_

25. Does anyone other than an adult who will live in the home, share custody of any of the children listed? (Yes/No)

If yes, who? \_\_\_\_\_

26. Is anyone who will reside in the home currently married? (Yes/No)

If yes, who? \_\_\_\_\_

27. Are any family members temporarily absent from the home? (Yes/No)

If Yes, state the reason they are absent \_\_\_\_\_

28. Full Time Students: List the household member name, and school name, address and telephone number of all household members who are attending school full time:

<b>a. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>b. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>c. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>d. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	

29. For all household members that are not United States citizens, provide the following information:

<b>a. Name of Household Member:</b>	
Alien Registration #:	
<b>b. Name of Household Member:</b>	
Alien Registration #:	
<b>c. Name of Household Member:</b>	
Alien Registration #:	
<b>d. Name of Household Member:</b>	
Alien Registration #:	

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**PART B: DRUG/CRIMINAL ACTIVITY**

**Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.**

1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No) If yes, provide the following information:

When: \_\_\_\_\_ For what reason: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_

Name of Public/Assisted Housing: \_\_\_\_\_

2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? (Yes/No) If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

Name of Public/Assisted Housing: \_\_\_\_\_

3. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

4. Are you or any household member persons who abuse or show a patter of abuse of alcohol? (Yes/No) If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

Is household member currently enrolled in a treatment program? (Yes/No) \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**PART C: INCOME INFORMATION**

**This part applies to all household members, including minors**

1. Work full time, part time, or seasonally – including wages, fees, tips, bonuses, money for services? (Yes/No) If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		
c.		
d.		

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2. Any household member work for some one who pays cash? (Yes/No)  
 If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits, worker compensation, or severance pay? (Yes/No) If yes, provide:

Household Member Name: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

4. Does any household member receive child support from the child support recovery unit? (Yes/No) If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$
c.		\$
d.		\$

5. Does any house hold member receive child support directly form the absent parent? (Yes/No) If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$
c.		\$
d.		\$

6. Does any household member receive alimony? (Yes/No) If yes, provide:  
 Household member name: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Former Spouse Name: \_\_\_\_\_

7. Does any household member receive public assistance (TANF)? (Yes/No) If yes, provide  
 Household member name: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

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- 8.** Does any household member receive Social Security or SSI benefits? (Yes/No)  
If yes, attach a copy of the award letter to this application and provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Social Security number benefits are received under: \_\_\_\_\_
- 9.** Does any household member receive income from a pension or annuity? (Yes/No)  
If yes, provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Type of Pension/Annuity: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Address of Pension/Annuity: \_\_\_\_\_
- 10.** Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) If yes, provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name and Address of Contributing Organization or Individual: \_\_\_\_\_  
\_\_\_\_\_
- 11.** Does any household member file a Federal Income Tax Return last year: (Yes/No)  
(If yes, attach a copy of the tax return to this application.)
- 12.** Does any household member receive income from assets including interest or checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No) If yes, provide:  
Household member name: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_ Amount of Income/Interest Received: \$ \_\_\_\_\_
- 13.** Do any household members own a business or are self-employed? (Yes/No) If yes, provide:  
Household Member Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_
- 14.** Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) If yes, provide:  
Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Source of Pay/Allotment: \_\_\_\_\_
- 15.** Does any household member receive money to pay bills from someone outside of your household? (Yes/No) If yes, provide:  
Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name and address of party paying the bills: \_\_\_\_\_

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**PART D: ASSETS**

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)? If yes, provide:

Household member Name: \_\_\_\_\_

Real Estate Address: \_\_\_\_\_ Value \$ \_\_\_\_\_

\_\_\_\_\_

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) If yes, describe below:

\_\_\_\_\_

3. Does any household member own any stocks or bonds? (Yes/No) If yes, describe below:

\_\_\_\_\_

4. Where do all household members bank? Provide all information below:

<b>Name of Household Member</b>	<b>Bank Name/Address</b>	<b>Type of Account</b>	<b>Account Number</b>
a.			
b.			
c.			
d.			

5. Does any household member have any savings certificates, money market funds, or trust funds? (Yes/No) If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

6. Does any household member have any type of retirement account (Company, IRA, Keogh)? (Yes/No) If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Does any household member have any inheritances, lottery winnings, or lump sum payments? (Yes/No) If yes, describe: \_\_\_\_\_

\_\_\_\_\_

8. Does any household member have any life insurance policies? (Yes/No) . If yes, provide:

<b>Name of Household Member</b>	<b>Insurance Agency Name/Address</b>	<b>Policy Number</b>	<b>Amount/ Value</b>
a.			\$
b.			\$
c.			\$
d.			\$

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**PART E: EXPENSES**

**1.** Does any household member have expenses for child care of a child aged 12 or younger?  
 (Yes/No) If yes, provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
<b>a.</b>			\$
<b>b.</b>			\$
<b>c.</b>			\$
<b>d.</b>			\$

Is any portion of your child care expenses reimbursed from an outside agency or person?  
 (Yes/No) \_\_\_\_\_.

**2.** Indicate the dollar monthly expenditures for your household below:

**3.**

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Other (Specify)			\$

**Indicate in this space any of the above that are delinquent or not paid current:**

**3.** Do you pay a care attendant for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) \_\_\_\_\_  
 If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #
<b>a.</b>		
<b>b.</b>		

What is the monthly cost to you for the care attendant and/or the equipment? \$ \_\_\_\_\_

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**ELDERLY OR DISABLED FAMILIES ONLY**

**Complete the following questions in this part (Part E) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.**

4. Do you have Medicare? (Yes/No) \_\_\_\_\_ If yes, what is your monthly premium? \$ \_\_\_\_\_

5. Do you pay for any other kind of medical insurance? (Yes/No) \_\_\_\_\_. If yes, provide:

	<b>Policy Number:</b>	<b>Policy Number:</b>
Insurance Agent's Name:		
Name of Insurance Company:		
Address:		
Telephone Number:		
Monthly Premium Amount:	\$ _____	\$ _____

6. Do you have any outstanding medical bills that you are paying? (Yes/No) \_\_\_\_\_ If yes, provide:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance: (Yes/No) \_\_\_\_\_ If yes, list anticipated medical expenses not covered below:

\_\_\_\_\_

\_\_\_\_\_

**PART F: UNIT INFORMATION**

1. Name, address and telephone number of your current landlord: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the total monthly rent of your unit? \$ \_\_\_\_\_.  
 What amount do you pay monthly for rent? \$ \_\_\_\_\_.

3. Indicate the type of housing you currently occupy: House \_\_\_\_\_ Apartment \_\_\_\_\_  
 Mobile Home \_\_\_\_\_ Other (specify) \_\_\_\_\_

4. In your opinion is your present home decent, safe and sanitary? (Yes/No) \_\_\_\_\_. If no, why not?

\_\_\_\_\_

5. Do you intend to remain in this unit if your Section 8 rental assistance is approved? (Yes/No) \_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_

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APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the \_\_\_\_\_ Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the \_\_\_\_\_ PHA within thirty (30) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the \_\_\_\_\_ PHA within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the \_\_\_\_\_ PHA and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDLENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:**

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of PHA Representative \_\_\_\_\_ Date: \_\_\_\_\_